

Volunteer continuing education

Statewide Health Insurance Benefits Advisors (SHIBA)

Signing up for Medicare and learning what it covers

March 2020 continuing education outline

- I. Learning objectives
- II. Publications
- III. Troubleshooting and sharing time
- IV. *Medicare & You*: Signing up for Medicare
- V. *Medicare & You*: Find out if Medicare covers your test, service or item
- VI. Discussion
- VII. Reminders and future training
- VIII. Continuing education evaluation

Note: Acronyms and Advanced study resources available on [My SHIBA](#).

For training purposes only – do NOT share with consumers.

Learning objectives

After today's training you should be able to explain:

- When people should sign up for Medicare.
- The purpose of forms:
 - CMS Form 40-B
 - CMS Form L564
- The purpose of the MOON notice and where to find it.
- Where to look to help a client find out if their Medicare covers their test, service or item.

Job aids and client publications

- Medicare & You*
www.medicare.gov/sites/default/files/2019-12/10050-medicare-and-you-dec.pdf
- CMS Module 00: Medicare Getting Started
cmsnationaltrainingprogram.cms.gov/?q=global-search&combine=module
Login required
- How to Apply Online for Medicare Only, SSA Publication 05-10531
www.ssa.gov/pubs/EN-05-10531.pdf
- Application for Enrollment in Medicare Part B (Medical Insurance, CMS Form: 40-B)
www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS40B-E.pdf
- 2020 Medicare Costs, CMS Form 11579
www.medicare.gov/pubs/pdf/11579-medicare-costs.pdf
- Medicare Outpatient Observation Notice (MOON), CMS Form 10611-MOON
www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/CMS-10611-MOON-Form-English-and-Spanish-Incl-Large-Print.zip
- Medicare-covered preventive services – Medicare Rights Center
www.medicarerights.org/fliers/Original-Medicare/Medicare-Covered-Preventive-Services.pdf?nrd=1



How to Apply Online for Medicare Only

It's so easy! Just go to www.socialsecurity.gov

Welcome to the Social Security Benefit Application

- Apply for benefits by selecting “Start a New Application;” or
- “Return to Saved Application Process.”


Information About You

- Name;
- Social Security number;
- Date of birth; and
- Gender.

Re-entry Number

When you have successfully started your application, you will get a re-entry number that you can use to:

- Continue your application later if you need a break; and
- Check the status of your completed application.



Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Identification
 General
 Other Benefits
 Remarks
 Review & Sign

Medicare Information for Joan Public

Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time? [Things to Consider](#)

Yes
 No

In this section...


- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information
- Re-entry Number
- Other SSNs and Names

Medicare-only Decision

Choose to sign up for Medicare only and not receive retirement benefits at this time.

Questions About Your Health Benefits

- Other health insurance coverage;
- Group health plan information;
- Employment information; and
- Dates of coverage information.



Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Identification
 General
 Other Benefits
 Remarks
 Review & Sign

Group Health Plan Information for Joan Public

Health Insurance Information
 Medicaid Information
 Group Health Plan

Is Joan Public covered under a Group Health Plan? [More Info](#)

Yes
 No

Is Joan Public covered under a Group Health Plan through your own current employment?

Yes
 No

Employment Information

The questions below apply to the employment that provides group health plan insurance.

What date did employment start? [More Info](#)

 Month Day Year

What date did employment end? [More Info](#)

 Month Day Year

Employment has not ended

Health Insurance Information


What date did health insurance start? [More Info](#)

 Month Year

What date did health insurance end? [More Info](#)

 Month Year

Health insurance has not ended



Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Identification
 General
 Other Benefits
 Remarks
 Review & Sign

Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for Medicare insurance.

Please read and accept the following statement to finish the application. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I apply for all insurance benefits for which I may be eligible under Part A (and Part B, if applicable) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

agree with the Electronic Signature Agreement above.

Finishing Your Application

- Go over a summary of your application for accuracy;
- Accept the agreement and sign your application by selecting the "Submit Now" button;
- Get a receipt for your application; and
- Get information on what to do next.



Securing today
and tomorrow

Social Security Administration
 Publication No. 05-10531 | ICN 470148 | Unit of Issue — HD (one hundred)
 July 2017 (July 2016 edition may be used)
 How to Apply Online for Medicare Only
 Produced and published at U.S. taxpayer expense

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

WHO CAN USE THIS APPLICATION?

People with Medicare who have Part A but not Part B

NOTE: If you do **not** have Part A, do **not** complete this form. Contact Social Security if you want to apply for Medicare for the first time.

WHEN DO YOU USE THIS APPLICATION?

Use this form:

- If you're in your **Initial Enrollment Period (IEP)** and live in **Puerto Rico**. You must sign up for Part B using this form.
- If you're in your **IEP** and **refused Part B** or did not sign up when you applied for Medicare, but now want Part B.
- If you want to sign up for Part B during the **General Enrollment Period (GEP)** from January 1 – March 31 each year.
- If you refused Part B during your IEP because you had group health plan (GHP) coverage through your or your spouse's current employment. You may sign up during your 8-month **Special Enrollment Period (SEP)**.
- If you have Medicare due to disability and refused Part B during your IEP because you had group health plan coverage through your, your spouse or family member's current employment.
- You may sign up during your 8-month SEP.

NOTE: Your IEP lasts for 7 months. It begins 3 months before your 65th birthday (or 25th month of disability) and ends 3 months after you reach 65 (or 3 months after the 25th month of disability).

WHAT INFORMATION DO YOU NEED TO COMPLETE THIS APPLICATION?

You will need:

- Your Medicare Number
- Your current address and phone number
- Form CMS-L564 "Request for Employment Information" completed by your employer if **you're signing up in a SEP**.

WHAT HAPPENS NEXT?

Send your completed and signed application to your local Social Security office. If you sign up in a SEP, include the CMS-L564 with your Part B application. If you have questions, call Social Security at **1-800-772-1213**. **TTY users should call 1-800-325-0778**.

HOW DO YOU GET HELP WITH THIS APPLICATION?

- **Phone:** Call Social Security at **1-800-772-1213**. **TTY users should call 1-800-325-0778**.
- **En español:** Llame a SSA gratis al **1-800-772-1213** y oprima el 2 si desea el servicio en español y espere a que le atienda un agente.
- **In person:** Your local Social Security office. For an office near you check www.ssa.gov.

REMINDERS

- If you sign up for Part B, you must pay premiums for every month you have the coverage.
- If you sign up after your IEP, you may have to pay a late enrollment penalty (LEP) of 10% for each full 12-month period you don't have Part B but were eligible to sign up.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice>, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)

() -

7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

 / /

**IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT
MUST SUPPLY THE INFORMATION REQUESTED BELOW.**

9. Signature of Witness

10. Date Signed

 / /

11. Address of Witness

12. Remarks

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1230. The time required to complete this information is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

SPECIAL MESSAGE FOR INDIVIDUAL APPLYING FOR PART B

This form is your application for Medicare Part B (Medical Insurance). You can use this form to sign up for Part B:

- During your Initial Enrollment Period (IEP) when you're first eligible for Medicare
- During the General Enrollment Period (GEP) from January 1 through March 31 of each year
- If you're eligible for a Special Enrollment Period (SEP), like if you're covered under a group health plan (GHP) based on current employment.

Initial Enrollment Period

Your IEP is the first chance you have to sign up for Part B. It lasts for 7 months. It begins 3 months before the month you reach 65, and it ends 3 months after you reach 65. If you have Medicare due to disability, your IEP begins 3 months before the 25th month of getting Social Security Disability benefits, and it ends 3 months after the 25th month of getting Social Security Disability benefits. To have Part B coverage start the month you're 65 (or the 25th month of disability insurance benefits); you must sign up in the first 3 months of your IEP. If you sign up in any of the remaining 4 months, your Part B coverage will start later.

General Enrollment Period

If you don't sign up for Part B during your IEP, you can sign up during the GEP. The GEP runs from January 1 through March 31 of each year. If you sign up during a GEP, your Part B coverage begins July 1 of that year. You may have to pay a late enrollment penalty if you sign up during the GEP. The cost of your Part B premium will go up 10% for each 12-month period that you could have had Part B but didn't sign up. You may have to pay this late enrollment penalty as long as you have Part B coverage.

Special Enrollment Period

If you don't sign up for Part B during your IEP, you can sign up without a late enrollment penalty during a Special Enrollment Period (SEP). If you think that you may be eligible for a SEP, please contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can use a SEP when your IEP has ended. The most common SEPs apply to the working aged, disabled, and international volunteers.

Working Aged/Disabled

You have a SEP if you're covered under a group health plan (GHP) based on **current** employment. To use this SEP, you must:

- Be 65 or older and currently employed
- Be the spouse of an employed person, and covered under your spouse's employer GHP based on his/her current employment
- Be under 65 and disabled, and covered under a GHP based on your own or your spouse's current employment

You can sign up for Part B anytime while you have a GHP coverage based on current employment or during the 8 months after either the coverage ends or the employment ends, whichever happens first. If you sign up while you have GHP coverage based on current employment, or, during the first full month that you no longer have this coverage, your Part B coverage will begin the first day of the month you sign up. You can also choose to have your coverage begin with any of the following 3 months. If you sign up during any of the remaining 7 months of your SEP, your Part B coverage will begin the month after you sign up.

NOTE: COBRA coverage or a retiree health plan is not considered group health plan coverage based on current employment.

International Volunteers

You have a SEP if you were volunteering outside of the United States for at least 12 months for a tax-exempt organization and had health insurance (through the organization) that provided coverage for the duration of the volunteer service.

PRIVACY ACT STATEMENT: Social Security is authorized to collect your information under sections 1836, 1840, and 1872 of the Social Security Act, as amended (42 U.S.C. 1395o, 1395s, and 1395ii) for your enrollment in Medicare Part B. Social Security and the Centers for Medicare & Medicaid Services (CMS) need your information to determine if you're entitled to Part B. While you don't have to give your information, failure to give all or part of the information requested on this form could delay your application for enrollment.

Social Security and CMS will use your information to enroll you in Part B. Your information may be also be used to administer Social Security or CMS programs or other programs that coordinate with Social Security or CMS to:

- 1) Determine your rights to Social Security benefits and/or Medicare coverage.
- 2) Comply with Federal laws requiring Social Security and CMS records (like to the Government Accountability Office and the Veterans Administration)
- 3) Assist with research and audit activities necessary to protect integrity and improve Social Security and CMS programs (like to the Bureau of the Census and contractors of Social Security and CMS). We may verify your information using computer matches that help administer Social Security and CMS programs in accordance with the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503).

STEP BY STEP INSTRUCTIONS FOR FILLING OUT THIS APPLICATION

- 1. Your Medicare Number:**
Write your Medicare number.
- 2. Do you wish to sign up for Medicare Part B (Medical Insurance)?**
Mark "YES" in this field if you want to sign up for Medicare Part B which provides you with medical insurance under Medicare. You can only sign up using this form if you already have Medicare Part A (Hospital Insurance). If your answer to this question is "no" then you don't need to fill out this application. This application is to sign up to get medical insurance under Medicare.

If you don't have Part A and want to sign up, please contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
- 3. Name:**
Write your name as you did when you applied for Social Security or Medicare. List last name, first name and middle name in that order. If you don't have a middle name, leave it blank.
- 4. Mailing Address:**
Write your full mailing address including the number and street name, P.O. Box, or route in this field.
- 5. City, State, and ZIP code:**
Write the city name, state and ZIP code for the mailing address.
- 6. Phone Number:**
Write your 10-digit phone number, including area code.
- 7. Written Signature:**
Sign your name in this section in the same way you would sign it for any other official document. Do not print.

If you're unable to sign, you may mark an "X" in this field. In this case, you will need a witness and the witness must complete questions 11, 12 and 13.
- 8. Date Signed:**
Write the date that you signed the application.
- 9. Signature of Witness:**
In the case that question 9 is signed by an "X" instead of a written signature, a witness signature is needed in question 11 showing that the person who signs the application is the person represented on the application.
- 10. Date Signed:**
If a witness signs this application, the witness must provide the date of the signature.
- 11. Address of Witness:**
If a witness signs this application, provide the witness's address.
- 12. Remarks:**
Provide any remarks or comments on the form to clarify information about your enrollment application.

IMPORTANT INFORMATION:

Review the scenario below to determine if you need to include additional information or forms with your application.

If you're signing up for Part B using a Special Enrollment Period (SEP) because you were covered under a group health plan based on current employment, in addition to this application, you will also need to have your employer fill out and return the "Request for Employment Information" form ([CMS-L564/CMS-R-297](#)) with your application. The purpose of this form is to provide documentation to Social Security that proves that you have been continuously covered by a group health plan based on current employment, with no more than 8 consecutive months of not having coverage. If your employer went out of business or refuses to complete the form, please contact Social Security about other information you may be able to provide to process your SEP enrollment request.

Send the application (and the "Request for Employment Information," if applicable) to your local Social Security Office. Find your local office at www.ssa.gov.

2020 Medicare Costs

Medicare Part A (Hospital Insurance) Costs

Part A Monthly Premium

Most people don't pay a Part A premium because they paid Medicare taxes while working. If you don't get premium-free Part A, you pay up to \$458 each month.

Hospital Stay

In 2020, you pay

- \$1,408 deductible per benefit period
- \$0 for the first 60 days of each benefit period
- \$352 per day for days 61–90 of each benefit period
- \$704 per “lifetime reserve day” after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)

Skilled Nursing Facility Stay

In 2020, you pay

- \$0 for the first 20 days of each benefit period
- \$176 per day for days 21–100 of each benefit period
- All costs for each day after day 100 of the benefit period

Medicare Part B (Medical Insurance) Costs

Part B Monthly Premium

The standard Part B premium amount in 2020 is \$144.60 or higher depending on your income. However, most people who get Social Security benefits pay less than this amount (\$130 on average). Social Security will tell you the exact amount you'll pay for Part B in 2020.

You pay the standard premium amount (or higher) if:

- You enroll in Part B for the first time in 2020.
- You don't get Social Security benefits.
- You're directly billed for your Part B premiums.
- You have Medicare and Medicaid, and Medicaid pays your premiums. (Your state will pay the standard premium amount of \$144.60 in 2020.)
- Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount.

If you're in 1 of these 5 groups, here's what you'll pay:

If your yearly income in 2018 was			You pay (in 2020)
File individual tax return	File joint tax return	File married & separate tax return	
\$87,000 or less	\$174,000 or less	\$87,000 or less	\$144.60
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	not applicable	\$202.40
above \$109,000 up to \$136,000	above \$218,000 up to \$272,000	not applicable	\$289.20
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	not applicable	\$376.20
above \$163,000 and less than \$500,000	above \$326,000 and less than \$750,000	above \$87,000 and less than \$413,000	\$462.70
\$500,000 or above	\$750,000 and above	\$413,000 and above	\$491.60

The information in this chart can be found at [Medicare.gov/your-medicare-costs/medicare-costs-at-a-glance](https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance). If you have questions about your Part B premium, call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778. If you pay a late enrollment penalty, these amounts may be higher.

Part B Deductible—\$198 per year

Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D) Premiums

Visit [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan) to get plan premiums. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. You can also call the plan or your State Health Insurance Assistance Program (SHIP). To get the most up-to-date SHIP phone numbers, visit [shiptacenter.org](https://www.shiptacenter.org) or call 1-800-MEDICARE.

Part D Monthly Premium

The chart below shows your estimated prescription drug plan monthly premium based on your income. If your income is above a certain limit, you will pay an income-related monthly adjustment amount in addition to your plan premium. The information in the chart above can be found at [Medicare.gov/your-medicare-costs/medicare-costs-at-a-glance](https://www.Medicare.gov/your-medicare-costs/medicare-costs-at-a-glance).

If your yearly income in 2018 was			You pay (in 2020)
File individual tax return	File joint tax return	File married & separate tax return	
\$87,000 or less	\$174,000 or less	\$87,000 or less	Your plan premium
above \$87,000 up to \$109,000	above \$174,000 up to \$218,000	not applicable	\$12.20 + your plan premium
above \$109,000 up to \$136,000	above \$218,000 up to \$272,000	not applicable	\$31.50 + your plan premium
above \$136,000 up to \$163,000	above \$272,000 up to \$326,000	not applicable	\$50.70 + your plan premium
above \$163,000 and less than \$500,000	above \$326,000 and less than \$750,000	above \$87,000 and less than \$413,000	\$70.00 + your plan premium
\$500,000 or above	\$750,000 and above	\$413,000 and above	\$76.40 + your plan premium

2020 Part D National Base Beneficiary Premium — \$32.74

This figure is used to estimate the Part D late enrollment penalty and the income-related monthly adjustment amounts listed in the table above. The national base beneficiary premium amount can change each year. See your Medicare & You handbook or visit [Medicare.gov](https://www.Medicare.gov) for more information.

For more information about Medicare costs, visit [Medicare.gov](https://www.Medicare.gov).

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Paid for by the Department of Health & Human Services.



CMS Product No. 11579
Revised November 2019

Medicare Outpatient Observation Notice

Patient name:

Patient number:

You're a hospital outpatient receiving observation services. You are not an inpatient because:

Being an outpatient may affect what you pay in a hospital:

- When you're a hospital outpatient, your observation stay is covered under Medicare Part B.
- For Part B services, you generally pay:
 - A copayment for each outpatient hospital service you get. Part B copayments may vary by type of service.
 - 20% of the Medicare-approved amount for most doctor services, after the Part B deductible.

Observation services may affect coverage and payment of your care after you leave the hospital:

- If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you've had a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital admits you as an inpatient based on a doctor's order and doesn't include the day you're discharged.
- If you have Medicaid, a Medicare Advantage plan or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital.

If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Your costs for medications:

Generally, prescription and over-the-counter drugs, including “self-administered drugs,” you get in a hospital outpatient setting (like an emergency department) aren’t covered by Part B. “Self-administered drugs” are drugs you’d normally take on your own. For safety reasons, many hospitals don’t allow you to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs. You’ll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you’re enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you’re a Qualified Medicare Beneficiary through your state Medicaid program, you can’t be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information (Optional):

Please sign below to show you received and understand this notice.

Signature of Patient or Representative

Date / Time

CMS does not discriminate in its programs and activities. To request this publication in alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

If you have Original Medicare, you pay no coinsurance or deductible for certain preventive services if you see a doctor who participates in Medicare. Medicare Advantage Plans must also cover the full cost for these services as long as you follow the plan's rules. Call your plan for details.

You may have costs for some of these preventive services if your doctor makes a diagnosis during the service or does additional tests or procedures. For example, if your doctor removes a polyp during a colonoscopy, the colonoscopy will be considered diagnostic and costs may apply.

Services Original Medicare covers without a deductible or coinsurance

Abdominal aortic aneurysm (AAA)	Once in a lifetime ultrasound screening if you are at risk for AAA and receive a referral from your provider.
Alcohol misuse screening and counseling	An annual screening, and up to four brief counseling sessions every year if your provider determines that you are misusing alcohol. You do not need to show signs or symptoms of alcohol abuse to qualify for screening.
Annual Wellness Visit (AWV)	An annual appointment with your primary care provider (PCP) to create or update a personalized prevention plan. This plan may help prevent illness based on your current health and risk factors. Not a head-to-toe physical. You cannot receive your AWV within the same year as your Welcome to Medicare preventive visit.
Breast cancer screenings	An annual mammogram screening for women age 40+ and one baseline mammogram for women age 35-39. A breast examination once every 24 months for all women. You may be eligible for an exam every 12 months if Medicare considers you at risk.
Cervical cancer screenings	A pap smear and pelvic examination once every 24 months for all women. You may be eligible for an exam every 12 months if Medicare considers you at risk.
Colorectal cancer screenings	Fecal occult blood test: once every 12 months if you are age 50+ Colonoscopy: once every 24 months if Medicare considers you at high risk Flexible sigmoidoscopy: once every 48 months if you are age 50+ and Medicare considers you at high risk

Depression screenings	An annual screening in a primary care setting. You do not need to show signs or symptoms of depression to qualify for screening.
Diabetes screening	An annual screening, including a fasting blood glucose test and/or a post-glucose challenge test , if Medicare considers you at risk.
HIV screening	An annual screening for anyone age 15-65, or younger than 15 or older than 65, and at an increased risk.
Heart disease screening	Blood tests for heart disease once every five years, when ordered by your provider. An annual cardiovascular disease risk reduction visit with your PCP.
Hepatitis C screening	One screening if your PCP orders the test for you: <ul style="list-style-type: none"> • Were born between 1945 and 1965 • Had a blood transfusion before 1992 • Or, are considered high risk due to current or past history using federally prohibited, injectable substances If Medicare considers you at high risk, you also qualify for yearly screenings following the initial screening.
Lung cancer screening	An annual screening and Low-Dose Computed Tomography (LDCT, also called low-dose CT) chest scan.
Medical nutritional therapy (MNT)	Three hours of therapy for the first year and two hours every subsequent year if you get a referral from your PCP, see a registered dietician or other qualified nutrition specialist, and have one of the following conditions: <ul style="list-style-type: none"> • Diabetes • Chronic renal disease • Or, have had a kidney transplant in the past three years.
Behavioral counseling	Body mass index (BMI) screenings and behavioral counseling to help you lose weight if you are obese. You are obese if you have a BMI of 30 or higher.
Bone mass measurements	Measurement once every 24 months if you are at risk for osteoporosis. Medicare will also cover follow-up measurements and/or more frequent screening if your doctor prescribes them.
Prostate cancer screenings	An annual screening for all men age 50+. The screening includes a digital rectal exam (DRE) and a prostate-specific antigen (PSA) test .
Sexually transmitted infection (STI) screenings	Screenings tests for chlamydia, gonorrhea, syphilis, and/or hepatitis B if you are at high or increased risk of contracting an STI or pregnant. Screenings are covered annually if you receive a referral from your PCP or at certain times during pregnancy.

Smoking
cessation
counseling

Two **smoking cessation counseling attempts** each year if you use tobacco. Each counseling attempt includes up to four face-to-face sessions with your provider, for a total of up to eight sessions.

Vaccinations

Influenza (flu) shots: one flu shot every flu season.

Pneumococcal (pneumonia) shots: first shot if you have never received Part B coverage for a pneumonia shot before. A different, second vaccination 12 months after receiving the first shot.

Hepatitis B shots: Vaccination if you are at medium or high risk.

Welcome to
Medicare visit

One-time appointment you can choose to receive when you are new to Medicare. The aim of the visit is to promote general health and help prevent diseases. Note that you must receive this visit within the first 12 months of your Part B enrollment.

Services Original Medicare covers with a deductible or coinsurance

Original Medicare covers the following services at 80% of the Medicare-approved amount. If you receive the service from a participating provider, you pay a 20% coinsurance after you meet your Part B deductible.

Colorectal
cancer
screenings

Barium enema: Once every 24 months if you are age 50+ and Medicare considers you at high risk.

Diabetes self-
management
training

Up to 10 hours during the first year you receive training. After your first year, Medicare covers up to two hours of additional training annually.

Glaucoma
screenings

An annual screening if Medicare considers you at high risk. The screening must be performed or supervised by an eye doctor who is licensed to provide this service in your state.

Continuing education evaluation

Date of Training: _____ Training Location: _____

How can SHIBA improve the monthly trainings?

What additional trainings within our SHIBA scope would you like to see?

What SHIBA training materials — including SHIBA Job Aids — would you like to see added to My SHIBA?

Other: _____

Optional: If you would like to be contacted, please provide your name and contact information. Someone in our office will contact you. Thank you!

Name: _____

Day Phone: _____ Email: _____

If you prefer to give electronic feedback about curriculum or training, please contact: Diana Schlesselman: dianas@oic.wa.gov or Liz Mercer: lizm@oic.wa.gov.

Thank you!

